FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050430 (4)

Principal Place of Business Mailing Address BOI FIRST AVENUE NORTH #505 \$T PETERSBURG FL 33701 TO POSSIBLE PRINCIPAL STORES #505 \$T PETERSBURG FL 33701-3715										
US		US					3. Date Incorporated or Qualified 06/28/1995	3a. Date of L 06/24/19		oorl
2. Principal Place of Business		J	2a. Mailing Address				4. FEI Number		Арр	lied For
Sulte, Apt. #, etc.		26 Suite Apt # ete					59-3321647			Applicable
22		ļ,	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Ad ee Req	dditional
City & State	· • · · · · · · · · · · · · · · · · · ·		City & State				6. Election Campaign Financing		.00 M	<u> </u>
23		28	•				Trust Fund Contribution		dded to	
Zip	Zip Country		Zip				8. This corporation has liability for it			
4 25		29		30			Florida Statules Yes No			
	 Name and Address of Cur JAMES C ESQ. 	rent Regist	ered Agent		81	Name	10. Name and Address of New Reg	Istered Agent		
100 2ND AVENUE SOUTH SUITE 400N ST. PETERSBURG FL 33701					83 84	City	ess (P.O. Box Numbor is Not Acceptab	FL 85	Zip Co	
SIGNATURE	Signature, typed or printed name of registered	agent and title If	applicable (NO	If : Registo	red Agent		oration submits this statement for the prion's board of directors. I hereby accepted whor reinstaling)	DATE		
12.	OFFICERS .	AND DIREC	TORS DELETE	13			ADDITIONS/CHANGES TO OFFIC			
NAME	STROUD, J M		L Detter		TITLE NAME			[_] Ch	ange	☐ Addition
STREET ADDRESS	7227 WILLIAMS DRIVE SOU	TH	Н		1.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL				1.4 CiTY-S1-7iP					
TITLE	VP		☐ DELETE		TITLE	<u></u>		☐ Ch	ange	Addition
NAME	MEISTER, MATTHEW B				2.2 NAME					
STREET ADDRESS	1200 NORTH FEDERAL HW	Y SUITE 30	01	2.3	STREET A	DDRESS				
CITY-ST-ZIP	BOCA RATON FL			2.4	CITY-ST	71P				
TITLE			☐ DELF1E	3.1	TITLE			☐ Ch	ange	Addition
NAME				1	NAME					İ
STREET ADDRESS				3.3	STREET A	DORESS				
CITY-ST-ZIP			Doriete		CITY-ST	ZIP				T 4 1 100
TITLE			☐ DELETE		TITLE			☐ Ch	ange (Addition
STREET ADDRESS					NAME STOCKT AL	JUDECC				
CITY-ST-ZIP					STREET A					
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE		TITLE	<u> </u>		Ch	ange	Addition
NAME					NAME				g. 1	
STREET ADDRESS					STREET A	DORESS				
CITY-ST-ZIP					CHY-SI-					
TITLE			DELETE		TITLE			☐ Ch	ange	Addition
NAME				6.2	NAME	-				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental finual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an intachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 24 1997 8:00am

Secretary of State